Floodlight MS Customer Support Consent Form

By completing this form, you are authorizing Genentech, Inc.'s Floodlight™ MS customer support team to contact you using the information you enter below for the following purposes:

- To help you with setup and guide you through the different activities and measurements of Floodlight™ MS
- To prepare for the upcoming clinic visit to help improve the conversation with your doctor
- To check-in after a doctor visit to see if there are any questions based your conversation with your doctor
- Offer support in case of extended inactivity, based on a mutually agreed criteria.
- Walk through the latest app releases and guide you through the changes on Floodlight™ MS product

Name: _____

Preferred contact method(s):

☐ Email (insert email address): _____

☐ Phone call (insert phone number): _____ †

☐ Text message/SMS (insert mobile number): _____ †

I authorize the use and disclosure of my personal information for the purposes described in this form. I confirm that the contact information I am providing is accurate.

_____   ____/_____/_____
Patient/Authorized Person Signature   Date

† By entering my phone number and checking this box, I consent to be contacted by Genentech and others acting on Genentech's behalf about Floodlight™ MS, which may be considered a marketing communication. Message frequency may vary. Consent is not a requirement of purchase. Message and data rates may apply. I may withdraw my consent or opt out at any time by replying STOP to any text message or calling 1-888-ILLUMIN8 (1-888-455-8668).

Additional information regarding your privacy rights can be found on Genentech's website privacy policy (www.gene.com/privacy-policy). If you are a California resident, you may learn more about your rights in Genentech's California Supplemental Privacy Notice (https://www.gene.com/privacy-policy/full-privacy-policy/ccpa-privacy-notice).